



For Debtor 1

For Debtor 2 or  
non-filing spouse

Copy line 4 here ..... → 4.

\$ 4,871.11

\$ 0.00

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 1,380.21

\$ 0.00

5b. Mandatory contributions for retirement plans

5b. \$ 0.00

\$ 0.00

5c. Voluntary contributions for retirement plans

5c. \$ 0.00

\$ 0.00

5d. Required repayments of retirement fund loans

5d. \$ 0.00

\$ 0.00

5e. Insurance

5e. \$ 204.74

\$ 0.00

5f. Domestic support obligations

5f. \$ 0.00

\$ 0.00

5g. Union dues

5g. \$ 80.83

\$ 0.00

5h. Other deductions. Specify: \_\_\_\_\_

5h. + \$ 0.00

+ \$ 0.00

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 1,665.78

\$ 0.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 3,205.33

\$ 0.00

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00

\$ 0.00

8b. Interest and dividends

8b. \$ 0.00

\$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00

\$ 0.00

8d. Unemployment compensation

8d. \$ 0.00

\$ 0.00

8e. Social Security

8e. \$ 0.00

\$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

\$ \_\_\_\_\_

\$ 0.00

Specify: \_\_\_\_\_

8f.

8g. Pension or retirement income

8g. \$ 0.00

\$ 0.00

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ \_\_\_\_\_

+ \$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

\$ 0.00

\$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

\$ 3,205.33

+

\$ 0.00

= \$ 3,205.33

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.

\$ 3,205.33

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.☐ Yes. Explain: \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1      **Yvonne Hill**

First Name      Middle Name      Last Name

Debtor 2

(Spouse, if filing)      First Name      Middle Name      Last Name

United States Bankruptcy Court for : **Middle District of Pennsylvania**

Case number

(If known)

☒ An amended filing

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## 12/13

## Part 1: Describe Your Household

- 4d. \$ **0.00**

Debtor 1

**Yvonne Hill**

First Name

Middle Name

Last Name

Case number (if known)

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ 205.00
6b. Water, sewer, garbage collection	6b.	\$ 51.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 0.00
6d. Other. Specify: <b>See Attachment 1</b>	6d.	\$ 289.00
7. Food and housekeeping supplies	7.	\$ 275.00
8. Childcare and children's education costs	8.	\$ 0.00
9. Clothing, laundry, and dry cleaning	9.	\$ 25.00
10. Personal care products and services	10.	\$ 0.00
11. Medical and dental expenses	11.	\$ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 185.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 50.00
14. Charitable contributions and religious donations	14.	\$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ 0.00
15b. Health insurance	15b.	\$ 0.00
15c. Vehicle insurance	15c.	\$ 150.00
15d. Other insurance. Specify: _____	15d.	\$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ 411.00
17b. Car payments for Vehicle 2	17b.	\$ 0.00
17c. Other. Specify: _____	17c.	\$ _____
17d. Other. Specify: _____	17d.	\$ _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18.	\$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1

**Yvonne Hill**

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: **Auto maintenance and repair**

21. **+\$ 35.00**

22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses.

22. **\$ 3,438.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 3,205.33**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 3,438.00**

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. **\$ -232.67**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

# **Addendum**

## **Attachment 1**

**Description: Cell phone**  
**Amount: 119.00**

**Description: Cable**  
**Amount: 110.00**

**Description: Internet**  
**Amount: 60.00**